$_{ m JS~44~(Rev.~06/17)}$ Case 3:20-cv-06447-AET-LHGVR0curent 1 Stiled 05/28/20 Page 1 of 7 PageID: 1

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

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Cite the U.S. Civil Statute under which you are filing (<i>Do not cite jurisdictional statutes unless diversity</i>): 29 U.S.C. § 1001, et. seq					
VI. CAUSE OF ACTION Brief description of cause:					
ERISA					
VII. REQUESTED IN CHECK IF THIS IS A CLASS ACTION COMPLAINT: UNDER RULE 23, F.R.Cv.P. DEMAND \$ CHECK YES only if demanded in complaint 150000 JURY DEMAND: ☐ Yes ☑ No					
VIII. RELATED CASE(S)					
IF ANY (See instructions): JUDGE DOCKET NUMBER					
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5/28/2020 FOR OFFICE USE ONLY					
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IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEW JERSEY

ANTHONY BELLIA, :

CIVIL ACTION

Plaintiff,

.

v.

No.

AETNA LIFE

INSURANCE COMPANY,

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Defendant.

CIVIL ACTION COMPLAINT

Plaintiff, ANTHONY BELLIA, by and through his attorney, Linda M. Lopez, Esq. of the Law Offices of Eric A. Shore, P.C., as and for his Complaint against Defendant, AETNA LIFE INSURANCE COMPANY, hereby avers as follows:

PARTIES

- 1. Plaintiff, ANTHONY BELLIA (hereinafter "Plaintiff"), was and still is a citizen and resident of the State of New Jersey, residing at 15 Martin Drive, Middletown, New Jersey 07738.
- 2. Defendant, AETNA LIFE INSURANCE COMPANY (hereinafter "Defendant"), has corporate offices at 151 Farmington Avenue, Hartford, Connecticut 06156.

JURISDICTION

3. Jurisdiction of the Court is based upon 29 U.S.C. §§ 1132(e)(1) and 1132(f), which give the District Courts jurisdiction to hear civil actions brought to recover benefits due under the terms of an employee welfare benefit plan. Jurisdiction is also founded on 28 U.S.C. §

- 1331 because this action arises under 29 U.S.C. § 1001, et. seq. (Employee Retirement Income Security Act of 1974, hereinafter "ERISA").
- 4. Venue in the District of New Jersey is appropriate because Defendant conducts business and is subject to personal jurisdiction in the judicial district and maintains contacts in the judicial district sufficient to subject it to personal jurisdiction.
- 5. Pursuant to 28 U.S.C. § 1391(a)(1) and § 1391(c), this action is properly venued in the District of New Jersey.

FACTS

- 6. At all times hereinafter mentioned, Plaintiff was employed as an Internal Audit Manager by the Depository Trust & Clearing Corporation ("DTCC"), and at all times was a participant and/or beneficiary under the Long Term Disability ("LTD") plan.
- 7. Plaintiff had a strong work history working for DTCC prior to filing for LTD insurance benefits.
- 8. The LTD plan is an employee welfare benefit plan specifically covered under ERISA, 29 U.S.C. § 1002(2)(A).
- 9. At all times material herein, Defendant made and/or participated in making all benefits decisions under the LTD plan.
- 10. During Plaintiff's employment with DTCC, Defendant issued a long term group disability income policy (hereinafter the "Policy").
- 11. At all times hereinafter mentioned, said Policy of insurance was issued for the benefit of certain eligible employees in exchange for the payment of premiums by DTCC and/or its employees.

- 12. At all times mentioned herein, Plaintiff was and is an employee eligible for long term disability benefits as an insured under the Policy.
- 13. Said Policy provided, among other things, that long term disability insurance benefit payments will be made to Plaintiff in the event that he becomes disabled as a result of injury or sickness. The Policy states, in part, that:

From the date that you first became disabled and until monthly benefits are payable for 24 months you meet the test of disability on any day that: You cannot perform the material duties of your own occupation solely because of an illness, injury or disabling pregnancy-related condition; and Your earnings are 80% or less of your adjusted predisability earnings.

- 14. Plaintiff stopped working on July 9, 2018.
- 15. Plaintiff applied for and collected LTD insurance benefits through June 23, 2019.
- 16. By letter dated June 26, 2019, Defendant notified Plaintiff that his LTD benefits were discontinued as of June 23, 2019.
- 17. On December 20, 2019, Plaintiff submitted a written appeal of Defendant's adverse determination.
- 18. On April 9, 2020, Defendant issued a final administrative denial of Plaintiff's claim for continued LTD benefits.
- 19. As of June 23, 2019, Plaintiff's LTD coverage was in full force and effect and Plaintiff was an eligible employee.
- 20. From June 23, 2019 to the present, Plaintiff has been disabled within the meaning and pursuant to the terms of his Policy coverage as he is unable to perform, on a sustained basis, either his own or any reasonable occupation, as those terms are defined in the subject Policy.

- 21. Plaintiff's disability is caused by cluster headache syndrome, fainting spells, and hypertension, with resultant symptoms of pain, nausea, lightheadedness, sensitivity to light and noise, insomnia, anxiety, and trouble with focus and concentration, all of which necessitates the need for frequent breaks for rest and symptom control.
- 22. Plaintiff cooperated with the Defendant in all respects, provided proper proof of loss in support of his claim, and otherwise complied with the terms and conditions of the Policy regarding the filing and maintenance of the claim.
- 23. Pursuant to the Policy, Defendant has been obligated to continue the periodic payment of monthly long term disability benefits to Plaintiff since June 23, 2019.
- 24. Despite Plaintiff's continued total disability, Defendant has denied all LTD insurance benefit payments to Plaintiff since June 23, 2019 and continues to refuse to pay benefits pursuant to the Policy, although payment thereof has been duly demanded.
- 25. Said refusal on the part of the Defendant is a willful and wrongful breach of the Policy's terms and conditions.
- 26. Defendant afforded little weight to the opinions of Plaintiff's treating physicians who clearly opined that he has been unable to work since June 23, 2019, due to his disabling conditions and complications from his impairments and medical conditions.
- 27. Defendant's denial of Plaintiff's disability insurance benefits is unreasonable and unsupported by substantial evidence and, as such, constitutes a breach of its fiduciary duty.
- 28. Defendant's unreasonable and unsupported denial of Plaintiff's disability insurance benefits is evidenced by the number of procedural irregularities in its claim handling, including but not limited to: the failure to consider the impact of Plaintiff's physical and mental conditions and limitations on his ability to perform all of the essential duties of his regular

occupation or any occupation; the refusal to consider Plaintiff's credible subjective complaints about his inability to work; the reliance upon a selective review of medical records to reach a result oriented claim determination; the failure to utilize appropriately qualified and unbiased medical personnel to reach decisions and/or render opinions on levels of impairment; the biased and flawed vocational consideration on Plaintiff's claim; the failure to perform a fair and neutral evaluation of Plaintiff's medical condition and associated restrictions and limitations; and other biased claim handling.

- 29. Defendant's claim handling resulted in numerous violations of 29 C.F.R. § 2560.503-1, et. seq.
- 30. Defendant's claim handling failed to provide Plaintiff with a full and fair review of his claim.
- 31. Defendant's claim handling demonstrates a bias against Plaintiff's claim due to its impact on Defendant's financial situation and frustrated Plaintiff from receiving a full and fair review of his claim.
- 32. Plaintiff has attempted to exhaust all administrative appeals and remedies to the extent they exist pursuant to the conditions of the employee benefit plan.
- 33. By reason of the foregoing claims conduct, Defendant failed, by operation of law, to establish and follow reasonable claims procedures that would yield a decision on the merits of his claim pursuant to 29 C.F.R. § 2560.503(1).
- 34. Because Defendant failed to satisfy the minimal procedural safeguards set forth in 29 C.F.R. § 2560.503(1), Defendant's adverse benefit determination is not entitled to any judicial deference.
 - 35. Defendant willfully failed to comply with ERISA regulations.

36. Monthly disability insurance benefit payments to Plaintiff are continuing to be

due and payable by Defendant with the passage of each month.

37. Plaintiff is entitled to receive the total life-time benefit of the plan discounted to

present value, due to Defendant's arbitrary and capricious decision to deny Plaintiff's benefits.

38. Plaintiff is entitled to receive, in addition to the benefits due under the plan of

insurance, reimbursement for reasonable attorney's fees and costs of this action pursuant to 29

U.S.C. 1132(g).

WHEREFORE, Plaintiff, Anthony Bellia, demands judgment in his favor and against

Defendant together for:

A. Payment of all benefits in arrears due and owing since the denial of benefits, plus

interest;

B. The total lifetime benefit under the plan discounted to present value;

C. Attorneys' fees and costs of suit;

D. Interest and delay damages; and,

E. Any other further relief this Court deems just proper and equitable.

By:

Linda M. Lopez, Esq.

Attorney I.D. No. 017592006

LAW OFFICES OF ERIC A. SHORE, P.C.

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Attorney for Plaintiff, Anthony Bellia

Date: 5/28/2020

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